

MACOMB COUNTY HEALTH DEPARTMENT

Environmental Health Services Division

43525 Elizabeth

Mt. Clemens, MI 48043-1078

Phone: (586) 469-5236 Fax: (586) 469-6534

APPLICATION FOR PROPERTY TRANSFER EVALUATION

MCHD Control Number _____

Applicant

Name _____

Address _____

City/Village/Township _____

Telephone: () _____

Subject Property

*(Application will NOT BE ACCEPTED
without the property/parcel ID No.)*

PROPERTY ID NO. _____

Address _____

Civil Division _____

Property is: ☐ Occupied ☐ Vacant

Property Use: ☐ Residential ☐ Commercial

Property is served by:

<input type="checkbox"/> On-Site Sewage Disposal System	<input type="checkbox"/> On-Site Water Supply System
OR	OR
<input type="checkbox"/> Municipal Sewer	<input type="checkbox"/> Municipal Water

Anticipated Closing Date: _____

2006 Fees

☐ On-Site Sewage Disposal System \$ 194.00*
☐ On-Site Water Supply System \$ 137.00

TOTAL \$ _____

Make check payable to:
Macomb County Health Dept.
43525 Elizabeth Rd.
Mt. Clemens, MI 48043

***This fee does not include the required tank pumping. A septic tank pumping service must be hired separately.**

Applicant Signature

Date

Printed Name of Applicant